

SERFF Tracking Number:	CNNA-125701164	State:	Arkansas
Filing Company:	The Cincinnati Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	CCIM-08-6010-AR		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0000 Inland Marine Sub-TOI Combinations
Product Name:	CCIM-08-6010-AR		
Project Name/Number:	/		

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: CCIM-08-6010-AR

TOI: 09.0 Inland Marine

Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations

Filing Type: Form

SERFF Tr Num: CNNA-125701164 State: Arkansas

SERFF Status: Closed

Co Tr Num: CCIM-08-6010-AR

Co Status:

Author: Sharon Whitaker

Date Submitted: 06/19/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Becky Harrington, Betty Montesi

Disposition Date: 06/20/2008

Disposition Status: Approved

Effective Date Requested (New): 01/01/2009

Effective Date Requested (Renewal): 01/01/2009

Effective Date (New): 01/01/2009

Effective Date (Renewal):

01/01/2009

State Filing Description:

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 06/20/2008

State Status Changed: 06/20/2008

Corresponding Filing Tracking Number:

Filing Description:

At this time, we wish to file form MA 134 per the attached memorandum.

Final copies are attached for your review.

Filing fees will be sent through the Electronic Filing Fee System as a (EFT) filing.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

<i>SERFF Tracking Number:</i>	<i>CNNA-125701164</i>	<i>State:</i>	<i>Arkansas</i>
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Please be advised that we work on a 90-days-in-advance schedule. As a result, we would appreciate your approval by October 1, 2008, for the software to be mailed to our agents on November 1, 2008, for the effective date of January 1, 2009.

Your approval is respectfully requested for use on policies effective on or after January 1, 2009.

Company and Contact

Filing Contact Information

Sharon Grubbs, Senior Filings Analyst
6200 S. Gilmore Road
Fairfield, OH 45014

sharon_grubbs@cinfin.com
(513) 870-2091 [Phone]

Filing Company Information

The Cincinnati Insurance Company
6200 S. Gilmore Road
Fairfield, OH 45014
(513) 870-2000 ext. [Phone]

CoCode: 10677
Group Code: 244
Group Name:
FEIN Number: 31-0542366

State of Domicile: Ohio
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$50.00	06/19/2008	20988388

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	06/20/2008	06/20/2008

<i>SERFF Tracking Number:</i>	<i>CNNA-125701164</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 06/20/2008

Effective Date (New): 01/01/2009

Effective Date (Renewal): 01/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>CNNA-125701164</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Cincinnati Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
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<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0000 Inland Marine Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>CCIM-08-6010-AR</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	MEMORANDUM	Approved	Yes
Form	PIERS, WHARVES AND DOCKS COVERAGE FORM	Approved	Yes

SERFF Tracking Number:	CNNA-125701164	State:	Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	PIERS, WHARVES AND DOCKS COVERAGE FORM	MA 134	01 08	Policy/Coverage Replaced Form	Replaced Form #:0.00 MA 134 09 98 Previous Filing #: CCIM-00-6010-AR		MA134 01-08.pdf

PIERS, WHARVES AND DOCKS COVERAGE FORM

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy, the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we", "us" and "our" refer to the Company providing this insurance.

Other words and phrases that appear in quotation marks have special meaning. Refer to Section **F - DEFINITIONS**.

A. COVERAGE

We will pay for "loss" to Covered Property from any of the Covered Causes of Loss.

1. Covered Property, as used in this Coverage Form, means:

- a. Floating or fixed piers, wharves and docks;
- b. Anchors and floats used with floating docks;
- c. Covers, awnings, electrical wiring or plumbing which is permanently fixed to the pier, wharf or dock; or
- d. Buoys or moorings.

2. Property Not Covered

Covered Property does not include:

- a. Buildings, storage sheds or tackle boxes;
- b. Sea walls or breakers;
- c. Fuel pumps or storage tanks; or
- d. Boat lifts, marine railways, travel lifts or cranes,

whether attached to the pier, wharf or dock or not.

3. Covered Causes of Loss

Covered Causes of Loss means Risks of Direct Physical "Loss" to Covered Property except those causes of "loss" listed in the exclusions.

4. Additional Coverages

a. Collapse

(1) With respect to buildings:

- (a) Collapse means an abrupt falling down or caving in of a building or any part of a building with the result that the building or part of the

building cannot be occupied for its intended purpose.

- (b) A building or any part of a building that is in imminent danger of collapse is not considered to be in a state of collapse.

- (c) A building that is standing or any part of a building that is standing is not considered to be in a state of collapse even if it:

- 1) Has separated from another part of a building; or
- 2) Shows evidence of cracking, bulging, sagging, bending, leaning, settling, shrinking or expanding.

- (2) We will pay for "loss" to Covered Property, caused by collapse of a building or any part of a building, if the collapse is caused by one or more of the following:

- (a) "Specified Causes of Loss";

- (b) Decay that is hidden from view, unless the presence of such decay is known or should reasonably have been known to an insured prior to collapse;

- (c) Insect vermin damage that is hidden from view, unless the presence of such damage is known or should reasonably have been known to an insured prior to collapse;

- (d) Weight of people or personal property;

- (e) Weight of rain that collects on a roof; or

- (f) Use of defective material or methods in construction remodeling or renovation if the collapse occurs during the course of the construction, remodeling or renovation. However, if the collapse occurs after construction, remodeling or renovation is complete and is

caused in part by a cause of "loss" listed in **(2)(a)** through **(2)(e)** of this Additional Coverage, we will pay for "loss" even if the use of defective material or methods in construction, remodeling or renovation contributes to the collapse.

- (3)** We will pay for "loss" caused by the collapse of Covered Property, if such "loss" is a direct result of the collapse of a building or structure. That building collapse must be caused by a cause of "loss" listed in **(2)(a)** through **(2)(f)** of this Additional Coverage.
- (4)** If personal property abruptly falls down or caves in and such collapse is not the result of collapse of a building or structure, we will pay for "loss" to Covered Property caused by such collapse of personal property only if:
- (a)** The collapse was caused by a cause of "loss" listed in **(2)(a)** through **(2)(f)** of this Additional Coverage;
 - (b)** The personal property that collapses is inside a building; and
 - (c)** The property that collapses is not Covered Property. However, the coverage stated in this Paragraph **(4)** does not apply to Covered Property if marring and / or scratching is the only damage to that Covered Property caused by the collapse.

Collapse of personal property does not mean cracking, bulging, sagging, bending, leaning, settling, shrinking or expanding.

This Additional Coverage shall not increase the Limits of Insurance provided in this Coverage Part.

b. Debris Removal

We will pay for expenses you incur for the removal of debris of the Covered Property, which is occasioned by a "loss" covered by this Coverage Part. This payment shall be in addition to the insurance provided under this Coverage Part, but in no event will we be liable for more than \$50,000 under this Additional Coverage in any one "loss".

B. EXCLUSIONS

- 1.** We will not pay for a "loss" caused directly or indirectly by any of the following. Such "loss" is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the "loss".

a. Governmental Action

Seizure or destruction of property by order of governmental authority.

But we will pay for acts of destruction ordered by governmental authority and taken at the time of a fire to prevent its spread if the fire would be covered under this Coverage Part.

b. Nuclear Hazard

- (1)** Any weapon employing atomic fission or fusion; or
- (2)** Nuclear reaction or radiation, or radioactive contamination from any other cause. But we will pay for direct "loss" caused by resulting fire if the fire would be covered under the Coverage Part.

c. War and Military Action

- (1)** War, including undeclared or civil war;
- (2)** Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- (3)** Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

d. Building Ordinance

The enforcement of any ordinance or law:

- (1)** Regulating the construction, use or repair of any property; or
- (2)** Requiring the tearing down of any property, including the cost of removing its debris.

e. Water

- (1)** Water or sewage that backs up or overflows from a sewer, drain or sump;

(2) Water under the ground surface pressing on, or flowing, or seeping through;

(a) Foundations, walls, floors or paved surfaces;

(b) Basements, whether paved or not; or

(c) Doors, windows or other openings.

(3) Water that leaks or flows from plumbing, heating, air conditioning or other equipment (except fire protective systems);

(4) Flood, surface water, waves, tides, tidal waves, overflowing of any body of water or their spray, all whether driven by wind or not.

But we will pay for direct "loss" caused by resulting fire, explosion or theft if these causes of "loss" would be covered under this coverage form.

This exclusion applies only to property at the described premises.

f. Earth Movement

Earth movement, including but not limited to: earthquake, volcanic eruption, landslide, mudflow, earth sinking, rising or shifting.

g. Ice

Freezing or moving ice.

2. We will not pay for a "loss" caused by or resulting from any of the following:

a. Delay, loss of market, loss of use, loss of income or interruption of business.

b. Unexplained disappearance.

c. Dishonest acts by you, anyone else with an interest in the property, your or their employees or authorized representatives or anyone entrusted with the property, whether or not acting alone or in collusion with other persons or occurring during the hours of employment.

But this exclusion does not apply to a carrier for hire.

d. Artificially generated current creating a short circuit or other electric disturbance within an article covered under this Coverage Part.

But we will pay for direct "loss" caused by resulting fire or explosion, if these causes of "loss" would be covered under this Coverage Part.

This exclusion only applies to "loss" to that article in which the disturbance occurs.

e. Explosion, rupture or bursting of steam boilers, steam pipes, steam turbines or steam engines.

f. Your neglect to use all reasonable means to save and preserve the property at and after any "loss" or when the property is so endangered.

3. We will not pay for a "loss" caused by or resulting from any of the following. But if "loss" by a Covered Cause of Loss results, we will pay for that resulting "loss".

a. Weather conditions. But this exclusion only applies if weather conditions contribute in any way with a cause or event excluded in Paragraph 1, above to produce the "loss".

b. Acts or decisions, including the failure to act or decide, of any person, group, organization or governmental body.

c. Collapse except as provided in Section A, **COVERAGE, 4, Additional Coverages, a. Collapse** of this Coverage Part.

d. Wear and tear, any quality in the property that causes it to damage or destroy itself, hidden or latent defect, gradual deterioration, depreciation, mechanical breakdown, insect, vermin, rodents, corrosion, rust, dampness, cold or heat.

e. The failure of power or other utility service supplied to the described premises, however caused, if the failure occurs away from the described premises.

C. LIMITS OF INSURANCE

The most we will pay for "loss" in any one occurrence is the applicable Limit of Insurance shown in the Declarations.

D. DEDUCTIBLE

We will not pay for "loss" in any one occurrence until the amount of the adjusted "loss" before applying the applicable Limits of Insurance exceeds the Deductible shown in the Declarations. We will then pay the amount of the adjusted "loss" in excess of the Deductible, up to the applicable Limit of Insurance,

after any deduction required by Section E.
ADDITIONAL CONDITIONS, 2. Coinsurance.

E. ADDITIONAL CONDITIONS

The following conditions apply in addition to the Commercial Inland Marine Conditions and the Common Policy Conditions:

1. Coverage Territory

We cover property while:

- a. It is located at the premises described in the Declarations.
- b. It is in transit to or from the premises described in the Declarations.
- c. It is temporarily located elsewhere for a period not exceeding 60 days.

2. Coinsurance

All Covered Property must be insured for 100% of its total value as of the time of "loss" or you will incur a penalty.

The penalty is that we will pay only the proportion of any "loss" that the Limit of Insurance shown in the Declarations for all Covered Property at all locations bears to 100% of the total value of all property at all locations as of the time of "loss".

F. DEFINITIONS

1. "Loss" means accidental loss or damage.
2. "Sinkhole collapse" means the sudden settlement or collapse of earth supporting the Covered Property into subterranean voids created by the action of water on a limestone or similar rock formation. This does not include:

- a. The cost of filling sinkholes;
 - b. Sinking or collapse of land into manmade subterranean cavities; or
 - c. The value of the land.
3. "Specified Causes of Loss" means fire; lightning; explosion; windstorm or hail; smoke; aircraft or vehicles; riot or civil commotion; vandalism; leakage from fire extinguishing equipment; "sinkhole collapse"; volcanic action; falling objects; weight of snow, ice or sleet; water damage.
- a. Falling objects does not include "loss" to:
 - (1) Personal property in the open; or
 - (2) The interior of a building or structure, or property inside a building or structure, unless the roof or an outside wall of the building or structure is first damaged by a falling object.
 - b. Water damage means accidental discharge or leakage of water or steam as the direct result of the breaking apart or cracking of any part of a system or appliance (other than a sump system including its related equipment and parts) containing water or steam.

G. BLANKET INSURANCE

If shown in the Declarations, the Limits of Insurance apply on a Blanket basis between all described premises listed in the Declarations.

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Product Name:	CCIM-08-6010-AR		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	06/20/2008
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Comments:

Attachments:

F777AR_307[1].pdf

F778AR_307[1].pdf

Satisfied -Name:	MEMORANDUM	Review Status:	Approved	06/20/2008
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Comments:

Attachment:

FSMEMO1.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">a. Date the filing is received:</td></tr> <tr><td style="border-bottom: 1px solid black;">b. Analyst:</td></tr> <tr><td style="border-bottom: 1px solid black;">c. Disposition:</td></tr> <tr><td style="border-bottom: 1px solid black;">d. Date of disposition of the filing:</td></tr> <tr><td style="border-bottom: 1px solid black;">e. Effective date of filing:</td></tr> <tr> <td style="width: 60%; border-bottom: 1px solid black; text-align: center;">New Business</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Renewal Business</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr><td style="border-bottom: 1px solid black;">f. State Filing #:</td></tr> <tr><td style="border-bottom: 1px solid black;">g. SERFF Filing #:</td></tr> <tr> <td style="border-bottom: 1px solid black;">h. Subject Codes</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	a. Date the filing is received:	b. Analyst:	c. Disposition:	d. Date of disposition of the filing:	e. Effective date of filing:	New Business		Renewal Business		f. State Filing #:	g. SERFF Filing #:	h. Subject Codes	
a. Date the filing is received:														
b. Analyst:														
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New Business														
Renewal Business														
f. State Filing #:														
g. SERFF Filing #:														
h. Subject Codes														

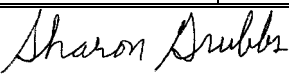
3. Group Name	Group NAIC #
The Cincinnati Insurance Company	0244

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Cincinnati Insurance Company	Ohio	0244-10677	31-0542366	03

5. Company Tracking Number	CCIM-08-6010-AR
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Sharon Grubbs 6200 S. Gilmore Road Fairfield, Ohio 45014	Senior Filing Analyst	513-870-2091	513-603-5650	sharon_grubbs @ cinfin.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Sharon Grubbs

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	COMMERCIAL INLAND MARINE
10. Sub-Type of Insurance (Sub-TOI)	COMMERCIAL INLAND MARINE
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	n/a
12. Company Program Title (Marketing title)	n/a
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 01/01/09 Renewal: 01/01/09
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	n/a
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	06/19/08
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CCIM-08-6010-AR
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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SEE MEMORANDUM

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: EFT FILING Amount: \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		CCIM-08-6010-AR		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	PIERS, WHARVES AND DOCKS COVERAGE FORM	MA 134 01 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	MA 134 09 98	CCIM-00-6010-AR
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

**ARKANSAS
DIVISION EIGHT - COMMERCIAL INLAND MARINE
FORMS MEMORANDUM**

NEW FORM	OLD FORM	TITLE/DESCRIPTION OF CHANGE
MA 134 01 08	MA 134 09 98	PIERS, WHARVES AND DOCKS COVERAGE FORM B. EXCLUSIONS, 3.a. corrected spelling of <i>Whether</i> to read as <i>Weather</i> ; F. DEFINITIONS added 2. "Sinkhole collapse" and 3. "Specified Causes of Loss"